

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35062**
Registrar's No. **7481**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **5 months**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Maplewood,** **4544**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Bros. Hospital** d. STREET ADDRESS (If rural, give location) **2410a Belleview Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Harry** b. (Middle) **L.** c. (Last) **McClelland** 4. DATE OF DEATH (Month) (Day) (Year) **August 31, 1950**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower** 8. DATE OF BIRTH **March 17, 1866** 9. AGE (In years last birthday) **84** IF UNDER 1 YEAR Months _____ IF UNDER 12 HRS. Hours _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired RR Engineer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry C. McClelland** 13b. MOTHER'S MAIDEN NAME **Harriet Anderson** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ada Miller, 5804 Hamilton, Jennings, Mo.** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **Yes**
ANTECEDENT CAUSES DUE TO (b) **Generalized arteriosclerosis** **Yes**
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis, Mo., Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **332X**

22. I hereby certify that I attended the deceased from **6/1**, 19**50** to **8/31**, 19**50**, that I last saw the deceased alive on **8/30**, 19**50**, and that death occurred at **2:15 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. A. Meyera M.D.** 23b. ADDRESS **539 N. Grand** 23c. DATE SIGNED **SEP 9/1/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept. 2, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **SEP 1 1950** REGISTRAR'S SIGNATURE **J. B. Sarsater** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.** ADDRESS **2161 E. Fair Ave.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
1/3

Student Embalmer No.....

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.